

January 24, 2007

Montana Medicaid Notice

Hospice Providers

Instructions for Reporting Hospice Services in Greater Line Item Detail

CR 5245: Issued July 28, 2006 Implementation Date: January 1, 2007

Effective January 1, 2007, Medicare and Medicaid will require hospices to report additional detail on their claims. Services at the continuous home care level of care must be billed using separately dated line items which report the number of hours of care provided in 15-minute increments. Payment for continuous home care (CHC) will be paid based upon the total number of 15-minute increments and will no longer allow for rounding to the next higher hour. Only direct patient care during the period of crisis may be billed. Documentation of the crisis and care rendered is to be noted in the hospice medical record.

Since CHC requires a minimum of 8 hours in a 24-hour period beginning at midnight until 11:59 p.m. of the same day, claims with less than 32 units for the day will be paid at the routine care payment rate.

Services for all hospice levels of care (routine home care, CHC, general inpatient care (GIP) and inpatient respite care) must be reported with a HCPCS code that identifies the location where that level of care was provided. If there are different or multiple locations where care has been provided, each location is to be identified with the corresponding HCPCS code as a separate and distinct line item.

Code	Mod	Short Description	Long Description	Effective Date
Q5001		Hospice in patient home	Hospice care provided in patient's home/residence	1/1/2007
Q5002		Hospice in assisted living	Hospice care provided in assisted living facility	1/1/2007
Q5003		Hospice in LT/non-skilled NF	Hospice care provided in nursing long term care facility (LTC) or non-skilled nursing facility (NF)	1/1/2007
Q5004		Hospice in SNF	Hospice care provided in skilled nursing facility (SNF)	1/1/2007
Q5005		Hospice, inpatient hospital	Hospice care provided in inpatient hospital	1/1/2007
Q5006		Hospice in hospice facility	Hospice care provided in inpatient hospice facility	1/1/2007
Q5007		Hospice in LTCH	Hospice care provided in long term care facility	1/1/2007
Q5008		Hospice in inpatient psych	Hospice care provided in inpatient psychiatric facility	1/1/2007
Q5009		Hospice care, NOS	Hospice care provided in place not otherwise specified (nos)	1/1/2007

Contact Information

For claims questions or additional information, contact Annette Marron, Senior and Long Term Care Division, at (406) 444-4142 or Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>